



***Miami-Dade County Board of County Commissioners***

***Office of the Commission Auditor***

**Supplemental Legislative Analysis**

**Community Outreach, Safety and Healthcare  
Administration Committee**

Wednesday, April 13, 2005  
2:00 PM  
Commission Chamber

Charles Anderson, CPA  
Commission Auditor

111 NW First Street, Suite 250  
Miami, Florida 33128  
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**Miami-Dade County Board of County Commissioners  
Office of the Commission Auditor**

**Supplemental Legislative Analysis**

**Community Outreach, Safety & Healthcare Administration Committee  
Meeting Agenda  
April 13, 2005**

Written analyses for the below listed items are attached for your consideration in this Supplemental Legislative Analysis.

**Item Numbers**

3(D)
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Written analyses for the below items were included in the original Legislative Analysis package distributed on March 7, 2005.

**Item Numbers**

2(B), 2(C) / 2(B & C Supplement)	2(G)
3(C)	

If you require further analysis of these or other agenda items, please contact Gary Collins, Acting Chief Legislative Analyst, at (305) 375-1826.

**Acknowledgements--Analyses prepared by:**

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## LEGISLATIVE ANALYSIS

*RESOLUTION AUTHORIZING THE COUNTY MANAGER TO ADVERTISE A REQUEST FOR PROPOSALS FOR AND ON BEHALF OF MIAMI-DADE COUNTY TO OBTAIN A SELF-FUNDED HEALTH MAINTENANCE ORGANIZATION (HMO) PLAN, TO EXERCISE ANY CANCELLATION AND RE-ADVERTISEMENT PROVISIONS AND TO EXERCISE ALL OTHER RIGHTS CONTAINED THEREIN RFP NO. 471*

Procurement Management Department

### I. SUMMARY

This proposed resolution would authorize issuance of a Request for Proposal (RFP) for a self-insured health maintenance organization (HMO) plan for county and Public Health Trust employees. The County's consultant (Deloitte Consulting LLP) estimates savings of \$10-12 million in 2006 if such a plan were to be adopted. This Item does not address potential selection of multiple HMO plans or how savings would be split between the County and employees as discussed at the March 9, 2005 COSHAC meeting. This Item also does not address requirements for reserves.

Pursuant to the proposed RFP, the County's four (4) fully-insured HMO plans<sup>1</sup> would consolidate into one self-insured HMO with two plan designs: high option (similar to current HMO), and low option (lower cost). The HMO would administer the plan; however, besides an administrative fee and stop loss insurance coverage, the County would only pay for actual claims. The County will still have the option to remain with its current fully-insured plans. A recommendation for award is desired by July 2005 so that the new plan could be effective January 1, 2006.

Concern was expressed at the March 9, 2005 COSHAC meeting about offering multiple HMO plans from which employees could choose.

- Comparison of Miami-Dade County physicians and hospitals participating in the four (4) HMOs presently offered to County employees shows significant differences in participating physician lists.<sup>2</sup>
  - While the overlap among HMO physician networks is significant, it is not extensive.
  - The largest group of providers is comprised of those who affiliate with only one of the four HMO plans.
  - Most of the providers affiliate with more than one of the four HMO plans.
  - The overlap among HMO hospital networks is extensive.

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<sup>1</sup> AvMed, Humana, Jackson Memorial Hospital and Vista

<sup>2</sup> Comparisons by Office of the Commission Auditor using provider lists available 3/21/05; includes only physicians in Miami-Dade County; counts each physician once even if has multiple office locations.

**Primary Care Physicians**

Participating in all 4 HMO Plans	=	135	10.0%
Participating in 3 of the 4 HMO Plans	=	303	22.4%
Participating in 2 of the 4 HMO Plans	=	367	27.1%
Participating in 1 of the 4 HMO Plans	=	548	40.5%
Total in one or more HMO Plans	=	1353	

	Avmed	Humana	JMH	Vista
Number in each HMO Plan =	785	810	433	703

**Gyn/Ob-Gyn Specialists**

Participating in all 4 HMO Plans	=	20	9.6%
Participating in 3 of the 4 HMO Plans	=	44	21.1%
Participating in 2 of the 4 HMO Plans	=	79	37.8%
Participating in 1 of the 4 HMO Plans	=	66	31.6%
Total in one or more HMO Plans	=	209	

	Avmed	Humana	JMH	Vista
Number in each HMO Plan =	125	159	57	95

**Cardiology Specialists**

Participating in all 4 HMO Plans	=	34	12.7%
Participating in 3 of the 4 HMO Plans	=	65	24.3%
Participating in 2 of the 4 HMO Plans	=	55	20.6%
Participating in 1 of the 4 HMO Plans	=	113	42.3%
Total in one or more HMO Plans	=	267	

	Avmed	Humana <sup>3</sup>	JMH	Vista
Number in each HMO Plan =	139	176	72	167

**Orthopedic Surgery Specialist**

Participating in all 4 HMO Plans	=	9	6.8%
Participating in 3 of the 4 HMO Plans	=	23	17.4%
Participating in 2 of the 4 HMO Plans	=	42	31.8%
Participating in 1 of the 4 HMO Plans	=	58	43.9%
Total in one or more HMO Plans	=	132	

	Avmed	Humana	JMH	Vista
Number in each HMO Plan =	60	87	36	64

<sup>3</sup> Humana subdivides this specialty into Cardiovascular Disease, Cardiologist, & Cardiovascular Surgeon; all are included in this list.

Hospitals				
Participating in all 4 HMO Plans	=	10	37.0%	
Participating in 3 of the 4 HMO Plans	=	9	33.3%	
Participating in 2 of the 4 HMO Plans	=	4	14.8%	
Participating in 1 of the 4 HMO Plans	=	4	14.8%	
Total in one or more HMO Plans	=	27		

  

	Avmed	Humana	JMH	Vista
Number in each HMO Plan =	22	21	14	22

- Governments' experiences with self-insured health plans have varied. Questions remain, both about plan design and about pros and cons of self-insured programs. A recently published study of Brevard County's experience was positive but points out requirements for budgeting adequate funds for claims and for required reserves. See Section V of this analysis and Attachment #1 for additional information.
- Survey of the 20 most populous counties in the U.S. and the 10 most populous counties in Florida<sup>4</sup> found 23 counties for which detailed information was provided at the time of this report. (See Attachments #2 & 3 for additional details.)
  - 14 of the 23 counties had some type of self-insured health plan
  - Of the 14 counties with self-insured health plans:
    - 5 offered self-insured HMO plans (4 had 1 HMO; 1 had 2 HMOs)
    - 9 offered self-insured PPO plans (each offered 1 PPO)
    - 9, including Miami-Dade, offered self-insured POS plans (each had 1)
    - 7 offered self-insured EPO plans (Exclusive Provider Organizations generally require use of in-network healthcare providers) (each had 1)
  - Of the 20 most populous counties in the U.S.:
    - 1 offered employees 1 health plan, a PPO
    - 4 offered employees 2 health plans
      - 1 with HMO & PPO
      - 1 with PPO & POS (no HMO)
    - 6 offered employees 3 health plans
      - 4 with 1 HMO & 2 other plans
      - 2 with 2 HMOs & other plans
    - 3 offered employees 4 health plans
      - 1 with HMO, PPO, POS & EPO
      - 1 with 2 HMOs & 2 PPOs
      - 1 with 3 HMOs & 1 PPO
    - 2 offered employees 5 health plans
      - both with 4 HMOs & 1 POS

<sup>4</sup> Survey by Office of the Commission Auditor during period 3/17/05-4/11/05

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- 1 offered employees 7 health plans
  - 3 HMOs, 3 PPOs & 1 POS
- 1 offered employees 10 health plans
  - 5 HMOs, 4 PPOs & 1 EPO
- 3 (Boroughs of NYC) offered employees 13 health plans
  - 8 HMOs, 2 PPOs, 2 POSs & 1 EPO
- 7 of the 10 most populous counties in Florida provided information.
  - 6 offered at least one self-insured health plan
  - 4 of the 6 with self-insured plans offered only self-insured health plans
    - 1 with 1 HMO, 1 PPO & 1 POS (Palm Beach)
    - 1 with 1 HMO, 1 POS & 1 EPO (Hillsborough)
    - 1 with no HMO, 1 PPO, 1 POS & 1 EPO (Pinellas)
    - 1 with 2 HMOs, 1 PPO & 1 EPO (Brevard)
- See Attachments #2 & 3 for additional survey details.

## **II. PRESENT SITUATION**

- Miami-Dade County's current HMO programs are fully-insured; the insurance carrier assumes all financial risk but keeps all premiums in excess of actual claims paid.
- Over 70% of County employees are currently enrolled in an HMO plan.
- The County currently self-insures its Point of Service program (since 1995) and has self-insured other health programs prior to that.
- In 2004, the County's benefits consultant, Deloitte & Touche evaluated the County's insurance programs at that time and concluded that if that HMO program had been self-insured for 2004, dependent premiums would have been approximately 13% lower.

## **III. POLICY IMPLICATIONS**

Self-insuring means that the County assumes most of the financial risk and not the insurer. Actual claims costs are paid by the County, as they are actually incurred, and in "good years" the County would retain all unspent premiums. Alternatively, in "bad years," the costs to the County will exceed the costs from a fully insured HMO plan, but only to the level of the stop-loss insurance coverage.

A single self-insured HMO plan would result in more savings, but with more disruption of healthcare services to Miami-Dade and PHT employees. Alternatively, multiple self-insured HMO plans would result in less savings, but no disruption of healthcare services.

The proposed RFP would not obligate the County to pursue a self-insured arrangement. The County retains the right to reject all proposals.

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Evaluation of proposals will emphasize technical criteria, rather than price. Scoring is based on point totals as follows:

<u>Criteria</u>	<u>Points</u>
Proposer's Experience and Qualifications	150
Scope and Quality of Services Offered	300
Provider Reimbursement and Projected Claims Cost	300
Plan Design and Prescription Drug Benefits	150
Price (maximum)	100

### IV. ECONOMIC IMPACT

Under the existing fully-insured arrangement, projected premium increases range in the double digits *per year* due to factors that are largely not under the County's control (inflation, large claims, medical malpractice, etc.).

Under a self-insured plan, savings to the County may make possible both more favorable premiums and better coverage as compared to fully-insured plans.

### V. COMMENTS

#### Risk

As a self-insurer, the County will assume more financial risk, and the County is required to set aside the amount of funds needed for payment of claims and reserves. (See Attachment #1 for information on fiscal requirements.) The County's increased risk exposure is mitigated by use of historical trends and actuarial data and can be further limited by obtaining "stop-loss insurance" in which insurance carrier would assume all claim costs in excess of a certain percentage of expected claim costs, e.g. 120%).

#### Other County's Experience

- Brevard County's experience, including fiscal pros and cons, is described in detail in Attachment #1. The attachment is a copy of an article from the professional journal "*Periscope*," the journal of the American Society for Public Administration's (ASPA) Section on Personnel Administration and Labor Relations. (See Attachment #1.)
- A January 2003 study by the Nassau County, New York Comptroller provides the following and point to a bad experiences with self-insurance in Nassau County. (Source: "Providing Affordable Healthcare for County Employees and Retirees in the Midst of Fiscal Crisis: Some Suggested Solutions," available <http://www.co.nassau.ny.us/comptroller/HealthInsSolutions.pdf>.)

*Suffolk and Westchester are both self-insured. Nassau could also reconsider self-insuring all or part of its employee/retiree health benefits. In view, however, of the county's previous self-insurance experience with BPA (\$70 million in losses), the negative recommendation of the outside experts hired by the county prior to*

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*contracting with BPA, and the current controversy surrounding Suffolk's self-insurance practices, this option may have serious drawbacks. Any reconsideration of self-insurance, therefore, would require a particularly careful appraisal. Moreover, at least historically, the most cost-effective way for Nassau to offer the level of benefits associated with the Empire Plan is through NYSHIP (footnote 7, p. 9).*

#### Employee Wellness

- The proposed plan in the RFP does not include progressive, wellness-oriented, design elements to potentially reduce the County's long-term health care costs, improve employees' quality of life and thereby also foster improved work environments, attendance and performance.
- The formation of the proposed new HMO plan creates an ideal opportunity to (but does not) build in incentives for employee wellness, such as incentives for employees' active participation in health risk appraisals, fitness centers, weight loss, smoking cessation, and other healthy lifestyle changes

#### Health Savings Accounts

Another alternative funding approach that can reduce expenses without adversely affecting employees are Health Savings Accounts (HSAs). These accounts were created under federal law in 2003, modeled after Archer Medical Savings Accounts. The following frequently asked questions are posted on the U.S. Treasury website:

##### **What is a Health Savings Account?**

A Health Savings Account is an alternative to traditional health insurance; it is a savings product that offers a different way for consumers to pay for their health care. HSAs enable you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis.

You must be covered by a High Deductible Health Plan (HDHP) to be able to take advantage of HSAs. An HDHP generally costs less than what traditional health care coverage costs, so the money that you save on insurance can therefore be put into the Health Savings Account.

You own and you control the money in your HSA. Decisions on how to spend the money are made by you without relying on a third party or a health insurer. You will also decide what types of investments to make with the money in the account in order to make it grow.

##### **What is a High Deductible Health Plan (HDHP)?**

You must have an HDHP if you want to open an HSA. Sometimes referred to as a "catastrophic" health insurance plan, an HDHP is an inexpensive health insurance



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plan that generally doesn't pay for the first several thousand dollars of health care expenses (i.e., your "deductible") but will generally cover you after that. Of course, your HSA is available to help you pay for the expenses your plan does not cover.

In order to qualify to open an HSA, your HDHP minimum deductible must be at least \$1,000 (self-only coverage) or \$2,000 (family coverage). The annual out-of-pocket (including deductibles and co-pays) cannot exceed \$5,100 (self-only coverage) or \$10,200 (family coverage). HDHPs can have first dollar coverage (no deductible) for preventive care and apply higher out-of-pocket limits (and copays & coinsurance) for non-network services.

### **How can I get a Health Savings Account?**

Consumers can sign up for HSAs with banks, credit unions, insurance companies and other approved companies. Your employer may also set up a plan for employees as well.

### **How much does an HSA cost?**

An HSA is not something you purchase; it's a savings account into which you can deposit money on a tax-preferred basis. The only product you purchase with an HSA is a High Deductible Health Plan, an inexpensive plan that will cover most of your medical expenses should your expenses exceed the funds you have in your HSA.

### Concerns

- Will the HMO administrator be as careful with the County's money as with the HMO's money, such as in protecting the County from frivolous and fraudulent claims?
- The County Manager indicates that virtually all HMOs operate similarly, but this ignores important questions about healthcare consumer satisfaction and medical professionals who refuse to work with one or more of the various HMOs, including those presently providing HMO insurance plans to the County.

### Attachment:

#1—L. Johnson & M. A. Feldheim, (2001, Summer/Fall). *Self-Insurance for Employee Health Care Coverage: Life in the Trenches*. Periscope, [journal of the American Society for Public Administration's (ASPA) Section on Personnel Administration and Labor Relations.] Available: [http://www.spalr.org/New/back% 20issues/Issue%2022-2/Issue%20-%2022-2%20\(self-insurance\).htm](http://www.spalr.org/New/back%20issues/Issue%2022-2/Issue%20-%2022-2%20(self-insurance).htm)

#2—Survey of the 20 most populous counties in the U.S.

#3—Survey of the 10 most populous counties in Florida

## SUMMER/FALL 2001 ~ VOLUME 22-2

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### **Self-Insurance for Employee Health Care Coverage: Life in the Trenches**

*Linda Johnson, Brevard County Employee Benefits Manager  
Mary Ann Feldheim, Assistant Professor University of Central Florida*

#### **Introduction**

Health care coverage has again emerged as a major challenge for public personnel managers as insurance costs increase and provider choices decrease. One of the most important benefits a public employer can offer employees is affordable health care coverage with a wide choice of providers. As this benefit becomes more difficult to offer, innovative responses are needed. Self-insurance is one way to meet this employee benefit need. In 1999 Brevard County, Florida faced the challenge of offering affordable health care coverage with provider choices to County employees when there were no reasonable bids in response to a Request for Proposals. In this article, we discuss the situation that faced the County in 1999 and the decision to use self-insurance to provide employees with several choices of affordable health care insurance. We share the advantages and disadvantages of self-insurance and offer advice to other public organizations facing a similar situation in our volatile health care market.

#### **Brevard County's Story**

In 1999, Brevard County Florida faced the challenge of providing high quality, affordable health insurance to County employees with freedom of choice in selecting physicians and hospitals. To increase the bargaining power of the County when negotiating for health care coverage, the decision was made to join forces with the School Board creating a group of almost 20,000 employees and dependents, making it the largest employer in the County.

Brevard County covers 1,018 square miles with three metropolitan areas -- Palm Bay at the southern end, Melbourne in the middle, and Titusville at the northern end of the county. These three metropolitan areas are approximately 20-30 miles apart, making it close to 90 miles from the southern end of the county to the northern end of the county. Hospitals are located near these metropolitan areas in the southern, central, and northern ends of the county, and the health care networks operating in the county contract with hospitals and providers near one of these metropolitan areas not all three areas and seldom even in two of the three areas. As public employers with employees spread across the County, it was necessary to offer health insurance coverage County-wide. In 1999, both the County and School Board's "fully-insured" contracts with their insurance carriers limited the available networks to small geographic areas, which was unacceptable. As a

**Attachment #1**

result, it was necessary to release a Request for Proposal to expand health care coverage options.

In early June of 1999, a Request for Proposal was released seeking fully insured proposals and self-funded direct contract proposals. Only one of the responders chose to offer a fully insured program at almost double the existing costs, forcing the County to seriously consider the self-funded direct contract proposals. In a self-funded arrangement, the County and the School Board are required to assume the unknown risk for the cost of all the medical expenses, which could be considerable. To offset the risk of this the County needed to purchase "Stop-loss" insurance or umbrella insurance coverage for catastrophic illnesses with a maximum deductible of \$150,000 per claim.

Brevard County Commissioners made a commitment to County employees to keep health care costs as low as possible and to provide the employees freedom of choice in the selection of a physician and hospital setting. To achieve this goal the Human Resource Department aggressively negotiated on behalf of the County to be able to offer the employees four options. There are two health maintenance organization (HMO) plans that cover either end of this large County, and a preferred provider organization (PPO) with a wide selection of physicians and hospitals. The fourth option is an exclusive provider option (EPO) specifically designed, negotiated and managed by the County to allow a greater selection of hospitals and doctors than either of the HMO options covering the three metropolitan areas.

The Brevard Partnership EPO/PP0 plans are accomplished through direct contracting, and offer a unique partnership between the County, the School Board, local physicians, and ancillary providers as well as all local hospitals. The decision to offer the Brevard Partnership plans required a tremendous effort on the part of the human resource benefits staff to negotiate with individual physicians, physician groups, hospitals, and other health care service providers to create the plans. A major area of concern for local physicians and hospitals was that the County would not be able to fund the project. Brevard County Commissioners had to make a substantial commitment regarding the funding of this self insured program. The State of Florida Department of Insurance requires the County maintain in reserve 20-25 percent of estimated expenditures, which is approximately \$4 million in reserve to ensure the financial soundness of the program. This state requirement resulted in a 20 percent increase in the 1999/2000 County budget, which is a necessary and significant step in creating a self-insured program.

### **Advantages of Self-Insurance**

The most important advantage of self-insurance for Brevard County is the ability to offer County employees a comprehensive health care benefit package. In the five years before the move to self-insurance, each of the Insurance Carriers utilized by the County Commissioners reduced the number of available network doctors and hospitals and increased premium costs. In 1999, a crisis emerged in the Brevard health care market

**Attachment #1**

when in response to the Request for Proposals for Insurance Carriers only one of the responders chose to offer a fully insured program at twice the current cost. The other responders offered to manage the program and make available their negotiated rates with doctors, laboratories, etc. with the County assuming the risk for the cost of all the medical expenses. Based on the response of the medical community, Brevard County Commissioners felt there was little choice but to become self-insured.

Choice of health care providers by Brevard County employees is another important advantage of self-insurance. With the creation of the EPO, the County was able to provide a broad range of options in physician choice and hospital choice to offset the difficulty with the HMO coverage. Each of the HMO providers offered coverage at a different hospital at a different location in the County, creating a type geographical discrimination.

A third advantage is that the County creates and negotiates the EPO placing the control for the program with the Human Resource Department. In this way the needs of the County and the employees will be better served as the benefit managers become case managers with direct control over service allocation.

**Disadvantages of Self-Insurance**

The most significant disadvantage is that of cost and of potential loss. In Florida, an organization deciding on self-insurance for health care coverage must adequately fund the program. For Brevard this was a 20 percent increase in the budget during the first year, with an annual reserve of \$4 million or 20 to 25 percent of the claims from the previous year to demonstrate financial soundness. Properly funding the program and managing the cash flow are the most challenging aspects of a self-insurance program. The reason for this is that the self-insurer pays the claims, and the resources must be available for the program to remain solvent. Also, the County had to purchase "stop-loss" insurance to cover claims that exceeded \$150,000 to insure financial soundness. In the two years that the program has been in existence there have been five (5) claims over this amount in 2000 and one (1) claim in 2001 to date, resulting in a 42% rate increase in the "stop-loss" insurance premiums.

Another disadvantage is that the Human Resource Department must become very involved in the administration of the program. Significant amounts of time and energy are required to make this type of program work. The Human Resource Benefit staff remained at 3 FTE's with a Benefits Manager and two Employee Benefits Specialists until June of this year, when an Insurance Director position was added. This new position assists with the administrative oversight functions of the program. Again, this translates into a cost that the organization did not previously have.

Attachment #1

Conclusion

Brevard County, Florida has chosen to become self-insured to provide employee health insurance coverage, and we have shared several of the lessons that could help other organizations considering this option. First, self-insurance for health care coverage is an option to organizations that can deal in economies of scale. A large employee base of at least 1000 employees is preferred before considering self-insurance.

Second, a healthy budget that will allow for a reserve fund of 20-25 percent of potential claims to ensure financial soundness is necessary for the program to work and to meet Department of Insurance requirements. Third, the real advantage to self-insurance in health care coverage is that the organization is able to provide its employees with cost-effective coverage with a high degree of provider choice. Brevard offers County employees four options with two HMO plans, their own EPO plan, and a PPO plan that vary according to cost and choice of providers.

In an increasingly difficult health care market, employers either public or private will be facing the option of self-insurance. For many it will not really be a choice, but a necessity if they are to continue to offer their employees health care coverage that is affordable and with a choice of plans, which was the case in Brevard. As a health care crisis looms on the horizon, self-insurance is one option to deal with the problem. For small public organizations the choices are limited, and a new form of managed competition may emerge as these small organizations partner to provide their employees with health care insurance coverage.

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Source: "*Periscope*," Summer/Fall 2001, the journal of the American Society for Public Administration's (ASPA) Section on Personnel Administration and Labor Relations.  
Available: [http://www.spalr.org/New/back%20issues/Issue%2022-2/Issue%20-%2022-2%20\(self-insurance\).htm](http://www.spalr.org/New/back%20issues/Issue%2022-2/Issue%20-%2022-2%20(self-insurance).htm)

**Attachment 2**  
**Most Populous Counties in the U.S.**

Rank by Pop. (nationally)	County	State	Population	Self-Insured, Fully-Insured, or Other	If Self Insured, Managed By?	If Self-Insured, Cost to the County to administer program	If Self Insured, Number of Employees Enrolled	Number of HMO Plans	HMO's Annual Premium Cost to Employee (Employee Only)	HMO's Annual Premium Cost to Employee (Employee + 1)	Number of PPO Plans	PPO's Annual Premium Cost to Employee (Employee Only)	PPO's Annual Premium Cost to Employee (Employee + 1)	Number of POS Plans	POS's Annual Premium Cost to Employee (Employee Only)	POS's Annual Premium Cost to Employee (Employee + 1)	Other Types of Plans	Annual Premium Cost to Employee (Employee Only)	Annual Premium Cost to Employee (Employee + 1)
1	Los Angeles County	CA	9,871,506	Mixed	County	**	5,800	1 self insured	\$3,453	\$6,906	1 self insured	\$3,537	\$7,137	1 self insured	\$4,129	\$8,259	0	N/A	N/A
2	Cook County	IL	5,351,552	**	N/A	N/A	N/A	3	**	**	1	**	**	0	N/A	N/A	0	N/A	N/A
3	Harris County	TX	3,596,086	Mixed	Public Employee Benefits Cooperative	**	25,000	1 fully insured	\$1,500	\$3,000	1 self insured	\$2,750	\$5,000	0	N/A	N/A	1 EPO self insured	\$1,750	\$3,000
4	Maricopa County	AZ	3,389,260	Mixed	Arizona Self-Insured Trust	**	**	1 fully insured	\$80	\$796	1 fully insured	\$1,259	\$3,154	1 fully insured	\$279	\$493	1 EPO self insured	0	\$428
5	Orange County	CA	2,957,766	Fully-Insured	N/A	N/A	N/A	2 fully insured	**	**	2 fully insured	**	**	0	N/A	N/A	0	N/A	N/A
6	San Diego County	CA	2,930,886	Fully-Insured	N/A	N/A	N/A	1	\$0	\$1,575	0	N/A	N/A	1	\$377	\$2,399	0	N/A	N/A
7	Kings County / Borough of Brooklyn	NY	2,472,523	**	N/A	N/A	N/A	8	\$0 - \$1134	\$0 - \$3358	2	\$0	\$0	2	\$1388 - 2652	\$3402 - \$6448	1	\$2,335	\$5,981
8	*Miami-Dade	FL	2,341,167	Mixed	Cigna	**	7,315	4 fully insured	\$0	\$3,458 - \$4,213	0	N/A	N/A	1 self insured	\$234	\$7,072	0	N/A	N/A
9	Dallas County	TX	2,284,096	Mixed	Public Employee Benefits Cooperative	**	25,000	1 fully insured	\$1,500	\$3,000	1 self insured	\$2,750	\$5,000	0	N/A	N/A	1 EPO self insured	\$1,750	\$3,000
10	Queens County / Borough of Queens	NY	2,225,486	**	N/A	N/A	N/A	8	\$0 - \$1134	\$0 - \$3358	2	\$0	\$0	2	\$1388 - 2652	\$3402 - \$6448	1	\$2,335	\$5,981
11	Wayne County	MI	2,028,778	Mixed	Blue Cross	\$0.3 million	9608	1 fully insured	\$0	\$0	1 self insured	\$0	\$0	0	N/A	N/A	1 self insured traditional indemnity	\$0	\$0
12	San Bernardino County	CA	1,859,678	Fully-Insured	N/A	N/A	N/A	2 fully insured	\$3,060 - \$3,979	\$6,537 - \$7,922	1 fully insured	\$6,972	\$14,170	0	N/A	N/A	0	N/A	N/A
13	Riverside County	WA	1,782,650	Mixed	County	**	3,125	5 fully insured	\$3698 - \$4200	\$7397 - \$8376	4 fully insured	\$4,217 - \$7070	\$8434 - \$14,141	0	N/A	N/A	1 self insured EPO	\$3,012	\$6,144
14	King County	WA	1,761,411	Self-Insured	Aetna	\$7.6 million	9,701	1 fully insured	\$0	\$0	1 self insured	\$0	\$0	0	N/A	N/A	0	N/A	N/A
15	Broward County	FL	1,731,347	Fully-Insured	N/A	N/A	0	2 fully insured	\$0	\$910 - \$1,170	0	N/A	N/A	2 fully insured	\$1638 - \$2,652	\$6,006 - \$9,100	1 EPO fully insured	\$26	\$3,328
16	Santa Clara County	CA	1,678,421	Fully-Insured	N/A	N/A	N/A	2 fully insured	\$0	\$0	0	N/A	N/A	1 fully insured	\$0	\$976	0	N/A	N/A
17	Clark County	NV	1,576,541	Self-Insured	Consultant	90 days of premiums	2,400	0	N/A	N/A	1 self insured	\$0	\$177	0	N/A	N/A	0	N/A	N/A
18	New York County / Borough of Manhattan	NY	1,564,798	**	N/A	N/A	N/A	8	\$0 - \$1134	\$0 - \$3358	2	\$0	\$0	2	\$1388 - 2652	\$3402 - \$6448	1	\$2,335	\$5,981
19	Tarrant County	TX	1,559,148	Mixed	Public Employee Benefits Cooperative	**	25,000	1 fully insured	\$1,500	\$3,000	1 self insured	\$2,750	\$5,000	0	N/A	N/A	1 EPO self insured	\$1,750	\$3,000
20	Philadelphia County	PA	1,479,339	Fully-Insured	N/A	N/A	N/A	3 fully insured	\$0 - \$160	\$0 - \$322	3 fully insured	\$349 - \$1005	\$803 - \$2313	1 fully insured	\$295	\$594	0	N/A	N/A

\*Miami-Dade is also displayed with Most Populous Counties in Florida

\*\*Information not available at time of report

(N/A not applicable)

**Attachment 3**  
**Most Populous Counties in Florida**

Rank by Pop. (nationally)	County	State	Population	Self-Insured, Fully-Insured, or Other	If Self Insured, Managed By?	If Self-Insured, Cost to the County to administer program	If Self Insured, Number of Employees Enrolled	Number of HMO Plans	HMO's Annual Premium Cost to Employee (Employee Only)	HMO's Annual Premium Cost to Employee (Employee + 1)	Number of PPO Plans	PPO's Annual Premium Cost to Employee (Employee Only)	PPO's Annual Premium Cost to Employee (Employee + 1)	Number of POS Plans	POS's Annual Premium Cost to Employee (Employee Only)	POS's Annual Premium Cost to Employee (Employee + 1)	Other Types of Plans	Annual Premium Cost to Employee (Employee Only)	Annual Premium Cost to Employee (Employee + 1)
8	*Miami-Dade County	FL	2,341,167	Mixed	Cigna	**	7,315	4 fully insured	\$0	\$3,458 - \$4,213	0	N/A	N/A	1 self insured	\$234	\$7,072	N/A	N/A	N/A
15	Broward County	FL	1,731,347	Fully-Insured	N/A	N/A	N/A	2 fully insured	\$0	\$910 - \$1,170	0	N/A	N/A	2 fully insured	\$1638 - \$2,652	\$6,006 - \$9,100	1 EPO fully insured	\$26	\$3,328
30	Palm Beach County	FL	1,216,282	Self-Insured	Cigna	\$2.7 million	4,891	1 self insured	\$0	\$1,044	1 self insured	\$1,800	\$6,200	1 self insured	\$0	\$1,835	0	N/A	N/A
34	Hillsborough County	FL	1,073,407	Self-Insured	Humana	\$3.7 million	9,300	1 self insured	\$1,400	\$1,900	0	N/A	N/A	1 self insured	\$1,900	\$3,600	1 EPO self insured	\$1,800	\$2,900
38	Orange County	FL	964,865	Fully-Insured	N/A	N/A	N/A	1 fully insured	\$600	\$1,632	0	N/A	N/A	1 self insured	\$1,656	\$2,760	0	N/A	N/A
42	Pinellas County	FL	926,146	Self-Insured	United	\$2.5 million	6,000	0	N/A	N/A	1 self insured	\$84	\$1,368	1 self insured	\$576	\$2,340	1 EPO self insured	\$960	\$3,060
59	Duval County	FL	817,480	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
115	Polk County	FL	510,458	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
118	Brevard County	FL	505,711	Self-Insured	County	\$2.7 million	4,300	2 self insured	\$240	\$720	1 self insured	\$740	\$3,204	0	N/A	N/A	1 EPO self insured	\$550	\$1,750
121	Lee County	FL	492,210	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**

\*Miami-Dade is also represented with Most Populous Counties in the U.S.

\*\*Information not available at time of report

(N/A - not applicable)